STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	R 06/01/2016
NAME OF PROVIDER OR SUPPLIER **ELZAIDA'S TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 SOUTH BELCHER ROAD** **CLEARWATER, FL 33764**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On /, a revisit to a complaint survey (CCR# 2016001818) was conducted at Elzaida's Tender Care at 804 S. Belcher Rd, Clearwater, FL, license number 7280. Elzaida's Tender Care, Assisted Living Facility, had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on interview and record review the facility failed to ensure that 2 out of 3 residents (Residents #1 and #2) had a completed Agency health assessment form 1823 (1823).

Findings included:

On / at 9:49 AM a record review was conducted of the resident file for Resident #1. The 1823 was not filled out completely. The area on the form designating if Resident #1 requires assistance with the self-administration of medications was not filled out. (Photos 14-16)
/ at 11:08 AM an interview was conducted with the Owner. The Owner stated she was not aware the 1823 for Resident #1 was not filled out completely. The Owner stated she knew Resident #1 required assistance with self-administration of medications.
On / at 11:13 AM a record review was conducted of the resident file for Resident #2. The 1823 was not filled out completely. The area on the form designating if Resident #2 required a special diet, or assistance with the self-administration of medications was not filled out completely. The 1823 was dated . (Photo 17-21)
On / at 11:13 AM an interview was conducted with the Owner. The Owner stated she was not aware the 1823 for Resident #2 was not filled out completely. The Owner stated the 1823 dated was the only 1823 she had for the Resident #2. The Owner was not aware of how often she was required to obtain a new 1823 for the residents.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on interview, record review, and observation, the facility failed to honor the rights of the residents to live in a clean and safe environment, and failed to treat the residents with respect and consideration.

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Findings included:

On / at 7:30 AM the facility temperature registered as 81 degrees. The air conditioner (AC) was in the off position. All of the windows in the home were closed, and no indoor fans were running.
On / at 7:30 AM an observation was conducted of # in the facility. The a strong odor. The no toilet paper, and no paper towels. The sink, toilet, floor, and bathtub were all very dirty. (Photos 1-5)
On / at 9:43 AM an interview was conducted with the Owner. The Owner stated " all of us " clean the . The Owner stated the residents are required to clean the . " They use it, they are supposed to clean it. " The Owner further stated " these girls have to learn to be independent. How are they ever going to learn if they just lay in bed and everything is done for them and they do nothing? Those are activities too, that they learn to clean and be tidy. "
On / at 9:49 AM a record review was conducted of the resident contract for Resident #1. The contract stated that housekeeping services would be provided. Handwritten at the bottom of the contract, and not dated or initialed by either the Owner or Resident #1, it read " Residents are required to keep their clean and clear of clutter. " " Residents are required to keep the toilet, bathtub, and wash basin clean after each use. " (Photo 6)
On / at 10:16 AM an interview was conducted with Resident #1. Resident #1 stated she opens the windows in her it is too warm. Resident #1 stated the Owner " doesn ' t like to use the air conditioning, because her electric bill is so high, so she has to cut down " . Resident #1 stated she is required to clean her own , but it hurts her to mop the floor.
On / at 11:30 AM an interview was conducted with Resident #2. Resident #2 stated she did not know who cleans the , and it bothers her when it gets as dirty as it was this morning. Resident #2 stated no one cleans her . When asked the last time someone cleaned the floor which appeared dirty, she stated " oh, I don ' t even know. "
On / at 12:17 PM an interview was conducted with the Owner. The Owner stated she did not tell Resident #2 what medications or the reason for the medications. The Owner further stated "No, only if they ask. Then I will tell them what is on the strip. They don't usually ask. You have to understand, these guys are mentally challenged. They don't question these things. All the stuff written by AHCA, they had the elderly in mind when they wrote the laws. They weren't thinking about the mentally challenged. They are a different kind of people all together."
On / at 2:37 PM the thermostat was observed to read the temperature inside the home was 83 degrees. The Owner stated she doesn't turn on the AC until it gets muggy and hot outside, and she set it at 77 degrees, so she did not know why it was reading 83 degrees.

Class III

0052 Medication - Assistance with Self-Admin

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on interview, observation, and record review, the facility failed to observe 1 out of 3 (Resident #1) sampled residents who requires assistance with medications, take the prescribed medication as required under 429.256 F.S.; the facility failed to notify the physician's office when 1 out of 3 (Resident #1) was non-compliant with medications.

Findings included:

On / at 8:04 AM an observation was conducted of the Owner as she assisted Resident #3 with the self-administration of medication. The Owner walked to the dining where Resident #3 was eating breakfast, and handed her a soufflé cup with several medications. The Owner watched as Resident #3 took the soufflé cup and took the medications and handed back the empty soufflé cup to the Owner. The Owner walked away and threw out the soufflé cup. The Owner walked past the medication observation record (MOR) book and did not sign.
On / at 8:15 AM a record review was conducted of the MOR for Resident #3. The MOR had not been signed for the 8:00 AM medications which had been provided to Resident #3. (Photos 8-9)
On / at 8:41 AM an observation was conducted as the Owner as she assisted with the self-administration of medications for Resident #2. The Owner was observed as she removed the prefilled medication strip packs and cut them open and poured the medication into a soufflé cup. The Owner took the soufflé cup to Resident #2 and handed it to her, and watched as she took the medication. The Owner did not review the MOR and compare to the medications about to be given to Resident #2. The Owner did not inform Resident #2 the medications she was about to be given and the purpose for each medication.
On / at 8:45 AM an interview was conducted with the Owner. The Owner stated she did not need to check the MOR for Resident #2 to verify the medications were correct. The Owner stated she checked the MOR last night. The Owner stated she did not need to tell the residents what medications they were receiving.
On / an 8:51 AM an interview was conducted with the Owner. The Owner stated she had marked the MOR as " refused " for , for Resident #1, prescribed for 8:00 PM. At first the Owner stated Resident #1 refuses the medication every night, so she does not need to offer it. The Owner then stated Resident #1 does not need to get , because it was discontinued. The Owner stated she had no discontinued order by the primary care physician ' s office. The Owner stated the medication didn ' t come in from the pharmacy. The Owner further stated she did not call the pharmacy to find out why the medication had not been delivered. The Owner further stated she had given Resident #1 her that was prescribed for 8:00 AM prior to surveyor ' s arrival at 7:30 AM. The Owner stated she had forgotten to sign the MOR. The Owner stated she had not witnessed Resident #1 take the medication. The Owner stated Resident #1 takes the medication with her into her " I don ' t know what time she wants to take it. "

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On / at 10:16 AM an interview was conducted with Resident #1. Resident #1 stated she will not take any medication if she doesn ' t know what it is. Resident #1 stated the Owner does not tell her what medications she is about to receive, but brings her a huge pack of medication. Resident #1 brought out a long white business envelope full of medications. The medications in the envelope were identified as , , , , , , , , and several unidentified pills. (Photo 10)
On / at 11:05 AM an interview was conducted with the Owner. The Owner was shown the envelope full of medications, and the Owner stated Resident #1 must have brought them with her. The Owner stated Resident #1 told her she had taken her medications, so those medications must be from before she moved in to the assisted living facility.
On / at 11:23 AM a prefilled medication strip pack dated for Resident #1 was observed in the cabinet where medications were stored. (Photo 11)
On / at 11:23 AM a record review was conducted of the medication observation record (MOR) for Resident #1. According to the MOR, Resident #1 was prescribed , Sod, and , . Resident #1 had been prescribed to be provided at 8:00 AM and 5:00 PM daily. The MOR was not signed for 06 / for the .
On / at 11:23 AM a continued record review was conducted of the MOR for the month of for Resident #1. The MOR was signed by the Owner on indicating the medications were provided. (Photo 12)
On / at 12:17 PM an observation was conducted of the Owner as she assisted with the self-administration of medication for Resident #2. The Owner carried a soufflé cup filled with medications to Resident #2 who was seated at the dining . The Owner handed the soufflé cup to Resident #2, and watched as the resident took the medication. The Owner did not tell the resident the medications she was taking, or the reason for the medications.
On / at 12:17 PM an interview was conducted with the Owner. The Owner stated she did not tell Resident #2 what medications or the reason for the medications. The Owner further stated "No, only if they ask. Then I will tell them what is on the strip. They don ' t usually ask. You have to understand, these guys are mentally challenged. They don ' t question these things. All the stuff written by AHCA, they had the elderly in mind when they wrote the laws. They weren ' t thinking about the mentally challenged. They are a different kind of people all together. "
On / at 1:41 PM an interview was conducted with the Advanced Registered Nurse Practitioner (ARNP) for Resident #1. The ARNP stated Resident #1 needs supervision of medications. The ARNP stated Resident #1 is known to be non-compliant with medications. The ARNP stated she had not been contacted by the facility to say Resident #1 is not taking her medications. The ARNP stated the AHCA health assessment form 1823 (1823) showed the resident has issues with being compliant with medications, and stated that is part of the reason Resident #1 needs to be in an assisted living facility. The ARNP stated the , was not discontinued, and the longer Resident #1 goes without the the more likely she is to have outbursts.

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On / at 2:04 PM in a continued interview with the Owner, she stated she had been retrained in the assistance with self-administration of medications on .
On /_ at 2:37 AM a continued interview was conducted with the Owner. The Owner stated she would contact the physician if Resident #1 refused to take her medications for several days, but Resident #1 had not refused. The Owner stated Resident #1 took the medications with her into her _ said she took them. The Owner stated Resident #1 must have brought the envelope full of medications with her to the facility. The Owner denied Resident #1 was hoarding her medications.

Class II

0054 Medication - Records

Based on interview and record review, the facility failed to immediately update the medication observation record (MOR) for 1 out of 3 (Resident #1) sampled residents each time the medication is offered or administered.

Findings included:

On / at 8:51 AM an observation was conducted of the MOR for Resident #1. The MOR had been signed as " refused " for _ ODT 5mg tab that Resident #1 was to be given at 8:00 PM. (Photo 13)
On /_ at 8:51 AM an interview was conducted with the Owner. The Owner stated Resident #1 refuses to take that medication every night. The Owner stated " I don ' t need to offer it." The Owner then stated Resident #1 does not need to get because it was discontinued. The Owner stated she had no discontinued order by the primary care physician's office. The Owner stated the medication didn ' t come in from the pharmacy so she assumed it was discontinued.
On / at 1:41 PM an interview was conducted with the Advanced Registered Nurse Practitioner (ARNP) who sees Resident #1. The ARNP stated the was not discontinued, and the longer Resident #1 goes without the the more likely she is to have outbursts.
On /_ at 2:04 PM in a continued interview with the Owner, she stated she had been retrained in the assistance with self-administration of medications on .

Class III

0058 Pharmacy & Dietary: Uncorrected Deficiencies

Based on interview and record review, the facility received a Class II deficiency regarding the assistance with self-administration of medications. As a result of the uncorrected Class II deficiency the facility must

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continue to employ a pharmacy consultant.

Findings included:

On [redacted] at 8:04 AM an observation was conducted of the Owner as she assisted Resident #3 with the self-administration of medication. The Owner walked to the dining [redacted] where Resident #3 was eating breakfast, and handed her a soufflé cup with several medications. The Owner watched as Resident #3 took the soufflé cup and took the medications and handed back the empty soufflé cup to the Owner. The Owner walked away and threw out the soufflé cup. The Owner walked past the medication observation record (MOR) book and did not sign.

On [redacted] at 8:15 AM a record review was conducted of the MOR for Resident #3. The MOR had not been signed for the 8:00 AM medications which had been provided to Resident #3. (Photos 8-9)

On [redacted] at 8:41 AM an observation was conducted as the Owner as she assisted with the self-administration of medications for Resident #2. The Owner was observed as she removed the prefilled medication strip packs and cut them open and poured the medication into a soufflé cup. The Owner took the soufflé cup to Resident #2 and handed it to her, and watched as she took the medication. The Owner did not review the MOR and compare to the medications about to be given to Resident #2. The Owner did not inform Resident #2 the medications she was about to be given and the purpose for each medication.

On [redacted] at 8:45 AM an interview was conducted with the Owner. The Owner stated she did not need to check the MOR for Resident #2 to verify the medications were correct. The Owner stated she checked the MOR last night. The Owner stated she did not need to tell the residents what medications they were receiving.

On [redacted] at 8:51 AM an observation was conducted of the MOR for Resident #1. The MOR had been signed as " refused " for [redacted] ODT 5mg tab that Resident #1 was to be given at 8:00 PM. (Photo 13)

On [redacted] an 8:51 AM an interview was conducted with the Owner. The Owner stated she had marked the MOR as " refused " for [redacted] for Resident #1, prescribed for 8:00 PM. At first the Owner stated Resident #1 refuses the medication every night, so she does not need to offer it. The Owner then stated Resident #1 does not need to get [redacted] because it was discontinued. The Owner stated she had no discontinued order by the primary care physician ' s office. The Owner stated the medication didn ' t come in from the pharmacy. The Owner further stated she did not call the pharmacy to find out why the medication had not been delivered. The Owner further stated she had given Resident #1 her [redacted] that was prescribed for 8:00 AM prior to surveyor ' s arrival at 7:30 AM. The Owner stated she had forgotten to sign the MOR. The Owner stated she had not witnessed Resident #1 take the medication. The Owner stated Resident #1 takes the medication with her into her [redacted] " I don ' t know what time she wants to take it. "

On [redacted] at 10:16 AM an interview was conducted with Resident #1. Resident #1 stated she will

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not take any medication if she doesn ' t know what it is. Resident #1 stated the Owner does not tell her what medications she is about to receive, but brings her a huge pack of medication. Resident #1 brought out a long white business envelope full of medications. The medications in the envelope were identified as , , , , , , , , and several unidentified pills. (Photo 10)

On / at 11:05 AM an interview was conducted with the Owner. The Owner was shown the envelope full of medications, and the Owner stated Resident #1 must have brought them with her. The Owner stated Resident #1 told her she had taken her medications, so those medications must be from before she moved in to the assisted living facility.

On / at 11:23 AM a prefilled medication strip pack dated for Resident #1 was observed in the cabinet where medications were stored. (Photo 11)

On / at 11:23 AM a record review was conducted of the medication observation record (MOR) for Resident #1. According to the MOR, Resident #1 was prescribed , Sod, and . Resident #1 had been prescribed to be provided at 8:00 AM and 5:00 PM daily. The MOR was not signed for / for the .

On / at 11:23 AM a continued record review was conducted of the MOR for the month of for Resident #1. The MOR was signed by the Owner on indicating the medications were provided. (Photo 12)

On / at 12:17 PM an observation was conducted of the Owner as she assisted with the self-administration of medication for Resident #2. The Owner carried a soufflé cup filled with medications to Resident #2 who was seated at the dining . The Owner handed the soufflé cup to Resident #2, and watched as the resident took the medication. The Owner did not tell the resident the medications she was taking, or the reason for the medications.

On / at 12:17 PM an interview was conducted with the Owner. The Owner stated she did not tell Resident #2 what medications or the reason for the medications. The Owner further stated "No, only if they ask. Then I will tell them what is on the strip. They don't usually ask. You have to understand, these guys are mentally challenged. They don't question these things. All the stuff written by AHCA, they had the elderly in mind when they wrote the laws. They weren't thinking about the mentally challenged. They are a different kind of people all together. "

On / at 1:41 PM an interview was conducted with the Advanced Registered Nurse Practitioner (ARNP) for Resident #1. The ARNP stated Resident #1 needs supervision of medications. The ARNP stated Resident #1 is known to be non-compliant with medications. The ARNP stated she had not been contacted by the facility to say Resident #1 is not taking her medications. The ARNP stated the AHCA health assessment form 1823 (1823) showed the resident has issues with being compliant with medications, and stated that is part of the reason Resident #1 needs to be in an assisted living facility. The ARNP stated the was not discontinued, and the longer Resident #1 goes without the the more likely she is to have outbursts.

On / at 2:04 PM in a continued interview with the Owner, she stated she had been retrained in

AGENCY FOR HEALTH CARE ADMINISTRATION

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the assistance with self-administration of medications on . On / at 2:37 AM a continued interview was conducted with the Owner. The Owner stated she would contact the physician if Resident #1 refused to take her medications for several days, but Resident #1 had not refused. The Owner stated Resident #1 took the medications with her into her ' said she took them. The Owner stated Resident #1 must have brought the envelope full of medications with her to the facility. The Owner denied Resident #1 was hoarding her medications.

Class III

0077 Staffing Standards - Administrators

Based on interview and record review, the facility failed to be under the supervision of an Administrator who ensured that 1 out of 1 (the Owner) sampled staff were providing assistance with self-administration of medications per the requirements in 429.256, F.S.; the facility failed to notify the Agency within 10 days of a change in facility administrator; the facility failed to ensure that 1 out of 2 (the Owner) sampled staff who have contact with the residents and require a Level II background screening had signed the compliance attestation form and the facility had failed to place it in their employee files; the facility failed to follow dietary guidelines; and the facility failed to provide a safe and decent living environment for 3 out of 3 (Residents 1-3)sampled residents.

Findings included:

On / at 8:04 AM an observation was conducted of the Owner as she assisted Resident #3 with the self-administration of medication. The Owner walked to the dining room table where Resident #3 was eating breakfast, and handed her a soufflé cup with several medications. The Owner watched as Resident #3 took the soufflé cup and took the medications and handed back the empty soufflé cup to the Owner. The Owner walked away and threw out the soufflé cup. The Owner walked past the medication observation record (MOR) book and did not sign.
On / at 8:15 AM a record review was conducted of the MOR for Resident #3. The MOR had not been signed for the 8:00 AM medications which had been provided to Resident #3. (Photo 8-9)
On / at 8:41 AM an observation was conducted the Owner as she assisted with the self-administration of medications for Resident #2. The Owner was observed as she removed the prefilled medication strip packs and cut them open and poured the medication into a soufflé cup. The Owner took the soufflé cup to Resident #2 and handed it to her, and watched as she took the medication. The Owner did not review the MOR and compare to the medications about to be given to Resident #2. The Owner did not inform Resident #2 the medications she was about to be given and the purpose for each medication.
On / at 8:45 AM an interview was conducted with the Owner. The Owner stated she did not

AGENCY FOR HEALTH CARE ADMINISTRATION

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need to check the MOR for Resident #2 to verify the medications were correct. The Owner stated she checked the MOR last night. The Owner stated she did not need to tell the residents what medications they were receiving.
On [illegible] an 8:51 AM an interview was conducted with the Owner. The Owner stated she had marked the MOR as " refused " for [illegible] for Resident #1, prescribed for 8:00 PM. At first the Owner stated Resident #1 refuses the medication every night, so she does not need to offer it. The Owner then stated Resident #1 does not need to get because it was discontinued. The Owner stated she had no discontinued order by the primary care physician ' s office. The Owner stated the medication didn ' t come in from the pharmacy. The Owner further stated she did not call the pharmacy to find out why the medication had not been delivered. The Owner further stated she had given Resident #1 her [illegible] that was prescribed for 8:00 AM prior to surveyor ' s arrival at 7:30 AM. The Owner stated she had forgotten to sign the MOR. The Owner stated she had not witnessed Resident #1 take the medication. The Owner stated Resident #1 takes the medication with her into her [illegible] " I don ' t know what time she wants to take it. "
On [illegible] at 10:16 AM an interview was conducted with Resident #1. Resident #1 stated she will not take any medication if she doesn ' t know what it is. Resident #1 stated the Owner does not tell her what medications she is about to receive, but brings her a huge pack of medication. Resident #1 brought out [illegible] white business envelope full of medications. The medications in the envelope w identified as [illegible], and several identified pills [illegible])
On [illegible] at 11:05 AM an interview was conducted with the Owner. The Owner was own the envelope full of medications, and the Owner stated Resident #1 must have brought them her. The Owner stated Resident #1 told her she had taken her medications, so those medications st be from before she moved in to the assisted living facility.
On [illegible] at 11:23 AM a prefilled medication strip pack dated [illegible] for Resident #1 s observed in th where medications were stored. (Photo 11)
On [illegible] at 11:23 AM a record review was conducted of the medication observation cord (MOR) for Resident #1. According to the MOR, Resident #1 was prescribed Sod, and Resident #1 had been prescribed to be provided at 8:00 AM and 5:00 PM daily he MOR was si for [illegible] for the [illegible]. (Photo 23)
On [illegible] at 11:23 AM a continued record review was conducted of the MOR for the onth of for Resident #1. The MOR was signed by the Owner on indicating the medications ere prov i. (Ph 2)
On [illegible] at 12:17 PM an observation was conducted of the Owner as she assisted th the self-administration of medication for Resident #2. The Owner carried a soufflé cup filled medications to Resident #2 who was seated at the dining . The Owner handed the soufflé to Resident #2, and watched as the resident took the medication. The Owner did not tell the resident e medications she was taking, or the reason for the medications.

AGENCY FOR HEALTH CARE ADMINISTRATION

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On /_ at 12:17 PM an interview was conducted with the Owner. The Owner stated she did not tell Resident #2 what medications or the reason for the medications. The Owner further stated "No, only if they ask. Then I will tell them what is on the strip. They don ' t usually ask. You have to understand, these guys are mentally challenged. They don ' t question these things. All the stuff written by AHCA, they had the elderly in mind when they wrote the laws. They weren ' t thinking about the mentally cha e ey are a different kind of people all tog "
On / at 1:41 PM an interview was conducted with the Advanced Registered Nurse Practitioner (ARNP) for Resident #1. The ARNP stated Resident #1 needs supervision of medications. The ARNP stated Resident #1 is known to be non-compliant with medications. The ARNP stated she had not been contacted by the facility to say Resident #1 is not taking her medications. The ARNP stated the AHCA health assessment form 1823 (1823) showed the resident has issues with being compliant with medications, and stated that is part of the reason Resident #1 needs to be in an assisted living facility. The ARNP stated the was not discontinued, and the longer Resident #1 goes without the more likely she is to have outbursts.
On / at 2:04 PM in a continued interview with the Owner, she stated she had been retrained in the t with self-administration of medications on
On / at 2:37 AM a continued interview was conducted with the Owner. The Owner stated she would contact the physician if Resident #1 refused to take her medications for several days, but Resident #1 had not refused. The Owner stated Resident #1 took the medications with her into her said she took them. The Owner stated Resident #1 must have brought the envelope full of mec th her to the facility. The Owner denied Resident #1 was hoarding her medications.
On / at 8:09 AM an interview was conducted with the Owner. The Owner stated the Administrator of record is not the Administrator of the facility. The Owner stated the Administrator of record told her she had mailed in a notification to the Agency about the change. The Owner did not have a cc lotification of Change of Administrator form.
On / at 1:05 PM a review was conducted with the Agency Assisted Living Facility unit (the unit). The unit verified the Administrator of record remains listed as the Administrator with the Agency. The unit further verified no change of Administrator had been sent to the Agency.
On / at 8:10 AM a record review was conducted of the employee file for the Owner. The Owner did not have a signed compliance attestation form in the employee file.
On / at 8:10 AM an interview was conducted with the Owner. The Owner stated " No one ever told me I needed one. "
On /_ at 8:04 AM an observation was conducted of Resident #3 eating breakfast. Resident #3 was served a bowl of cereal and a cup of milk to pour into the cereal.
On /_ at 8:41 AM an observation was conducted of Resident #2 eating breakfast. Resident #2 was served a bowl of cereal and a cup of milk to pour into the cereal.
On /_ at 10:16 AM an interview was conducted with Resident #1. Resident #1 sta she doesn ' t get enough to eat and she keeps food in her room. Resident #1 stated for dinner they get a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	R 06/01/2016
NAME OF PROVIDER OR SUPPLIER **ELZAIDA'S TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 SOUTH BELCHER ROAD** **CLEARWATER, FL 33764**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

very small sandwich.
On [redacted] at 11:30 AM an interview was conducted with Resident #2. Resident #2 stated she is served cereal for breakfast every morning. Resident #2 stated the Owner sometimes makes eggs for them on the weekend. Resident #2 stated they are not served waffles or pancakes except " once in a blue moon. " Resident #2 stated they are not served orange juice or fresh fruit.
On [redacted] at 12:08 PM an observation was conducted of Resident #1 as she was served lunch. Resident #1 was served one chicken leg, green beans, and scalloped potatoes.
On [redacted] at 12:09 PM an interview was conducted with the Owner. The Owner stated she was serving barbecue drumstick, string beans, and scalloped potatoes for lunch.
On [redacted] at 12:10 PM a record review was conducted of the menu posted on the refrigerator. The menu was dated " [redacted]-17th" . The breakfast for Wednesday was assorted juices, waffles (2), margarine, syrup, milk (8 oz.), and coffee or tea (6 oz.). The meal for lunch was listed as Beef stew (4 oz.) over noodles (1 cup), mixed veg (1/2 cup), mixed salad (1 cup), salad dressing (1 T), Gelatin (1/2 cup). (Photo 24)
On [redacted] at 1:12 pm an interview was conducted with the Owner. The Owner stated " I do not prepare the exact menu per se. They get nourishment as they are supposed to get. It doesn ' t matter if it is exactly like it is on the menu. " The Owner stated she did not have a substitution log. The Owner stated the current menu was posted on the refrigerator.
On [redacted] at 2:25 PM an interview was conducted with the Owner. The Owner stated " not a single facility in Florida follows the menu. "
On [redacted] at 11:35 AM an interview was conducted with the dietician. The dietician stated she had told the owner she could make substitutions to the approved menu only if she ran out of one item, or at a resident request for a special meal, such as birthday celebration or holiday. The dietician stated she instructed the Owner to cross off the item on the menu which was not provided and write in the substituted item. The dietician instructed the Owner to keep at least the past six months of menus on hand for review by the state. The dietician stated providing a drumstick instead of the planned 4 ounces of beef stew is not appropriate. The dietician stated a drumstick is on average 1 ounce. The dietician stated the protein is the most important part of the meal, and the most expensive. When informed of the meals provided to the residents instead of the planned meals, the dietician stated " that ' s not right. "
On [redacted] an observation during a tour of the facility beginning at 7:30 AM was made of a large hole in the ceiling by the front door of the facility. (Photo 7)
On [redacted] during a continued tour of the facility beginning at 7:30 AM an observation was made of [redacted] # in the facility. The [redacted] a strong odor. The [redacted] no toilet paper, and no paper towels. The sink, toilet, and bathtub were all very dirty. (Photo 1-5)
On [redacted] at 9:43 AM an interview was conducted with the Owner. The Owner stated " all of us " clean the [redacted]. The Owner stated the residents are required to clean the [redacted]. "They use it, they are supposed to clean it." The Owner further stated "these girls have to learn to be independent. How are they ever going to learn if they just lay in bed and everything is done for them and they do

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	R 06/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELZAIDA'S TENDER CARE	804 SOUTH BELCHER ROAD CLEARWATER, FL 33764

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

nothing? Those are activities too, that they learn to clean and be tidy."
On / at 2:11 PM an a continued interview with the Owner, she stated she has no plans to fix the hole. The Owner stated she has other things she plans to do before she fixes the hole in the ceiling.

Class II

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to provide meals that were planned by a licensed or registered dietician and based on the USDA dietary guidelines.

Findings included:

On / at 8:04 AM an observation was conducted of Resident #3 eating breakfast. Resident #3 was served a bowl of cereal and a cup of milk to pour into the cereal.
On / at 8:41 AM an observation was conducted of Resident #2 eating breakfast. Resident #2 was served a bowl of cereal and a cup of milk to pour into the cereal.
On / at 10:16 AM an interview was conducted with Resident #1. Resident #1 stated she doesn't get enough to eat and she keeps food in her room. Resident #1 stated for dinner they get a very small sandwich.
On / at 11:30 AM an interview was conducted with Resident #2. Resident #2 stated she is served cereal for breakfast every morning. Resident #2 stated the Owner sometimes makes eggs for them on the weekend. Resident #2 stated they are not served waffles or pancakes except " once in a blue moon. " Resident #2 stated they are not served orange juice or fresh fruit.
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On / at 1:12 pm an interview was conducted with the Owner. The Owner stated " I do not prepare the exact menu per se. They get nourishment as they are supposed to get. It doesn't matter if it is exactly like it is on the menu. " The Owner stated she did not have a substitution log. The Owner stated the current menu was posted on the refrigerator.
On / at 2:25 PM an interview was conducted with the Owner. The Owner stated " not a single

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELZAIDA'S TENDER CARE	804 SOUTH BELCHER ROAD CLEARWATER, FL 33764

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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On 06/ at 11:35 AM an interview was conducted with the dietician. The dietician stated she ad told the owner she could make substitutions to the approved menu only if she ran out of one item, o at a resident request for a special meal, such as birthday celebration or holiday. The dietician stated she instructed the Owner to cross off the item on the menu which was not provided and write in the substituted item. The dietician instructed the Owner to keep at least the past six months of menus on hand for review by the state. The dietician stated providing a drumstick instead of the planned 4 ounces of beef stew is not appropriate. The dietician stated a drumstick is on average 1 ounce. The dietician stated the protein is the most important part of the meal, and the most expensive. When informed of the meals provided to the residents instead of the planned meals, the dietician stated " that ' s not right. "

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on interview and observation, the facility failed to provide a safe living environment for 3 out of 3 (Residents 1-3) residents in the facility; specifically, the facility failed to fix a large hole in the ceiling by the front door to prevent rodents and other animals from entering, and failed to provide clean

Findings included:

On / an observation during a tour of the facility beginning at 7:30 AM was made of a large hole in the ceiling by the front door of the facility. (Photo 7)
On / during a continued tour of the facility beginning at 7:30 AM an observation was made of # in the facility. The a strong odor. The no toilet paper, and no paper towels. The sink, toilet, and bathtub were all very dirty. (Photos 1-5)
On / at 9:43 AM an interview was conducted with the Owner. The Owner stated " all of us " clean the . The Owner stated the residents are required to clean the . " They use it, they are supposed to clean it. " The Owner further stated " these girls have to learn to be independent. How are they ever going to learn if they just lay in bed and everything is done for them and they do noth T e are activities too, that they learn to clean and be tidy. "
On / at 2:11 PM an a continued interview with the Owner, she stated she has no plans to fix the hole. The Owner stated she has other things she plans to do before she fixes the hole in the ceiling.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11943141 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ELZAIDA'S TENDER CARE	804 SOUTH BELCHER ROAD CLEARWATER, FL 33764

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☑	**REVIEWED BY (INITIALS)** PRB	**DATE** 6/23/16	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 3/1/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

EVENT ID: LUO912

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Elzaida's Tender Care
804 South Belcher Road
Clearwater, FL 33764

Dear Administrator:

This letter reports the findings of a state revisit survey conducted on , 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

All deficiencies shall be corrected no later than , 2016.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form 5000-3547 & Revisit Report

YOSF

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